

(5)

Multicentric Occurrences of Hepatocellular Carcinoma

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BRIEF HISTORY

68 가
20 B , 10
AST/ALT
128/39 IU/L, alkaline phosphatase 38 IU/L, total
bilirubin 1.3 mg/dL, αfetoprotein 27.5 IU/mL,
HBsAg(+), Anti-HBs(-)

MICROSCOPIC FEATURE

가
• 10
가
AST/ALT
가 (hepato-
cellular carcinoma, HCC)
(2).
• “a, b, c, f” 가 HCC
“a, c, f” 1-2
가
“b”
가
가
(3).
• “d”
“e”

GROSS FINDING

14 × 10 × 9 cm, 610 gm
6
(1). 가 (a) 5 cm
가
3 cm 2
(b, c)가 , 2 cm
(f)
1.5 cm (e) 1.2 m (d)

DIAGNOSIS

Multicentric occurrences of hepatocellular carcinoma

Key Words: Neoplasm/Liver/Hepatocellular carcinoma, Multicentric occurrences

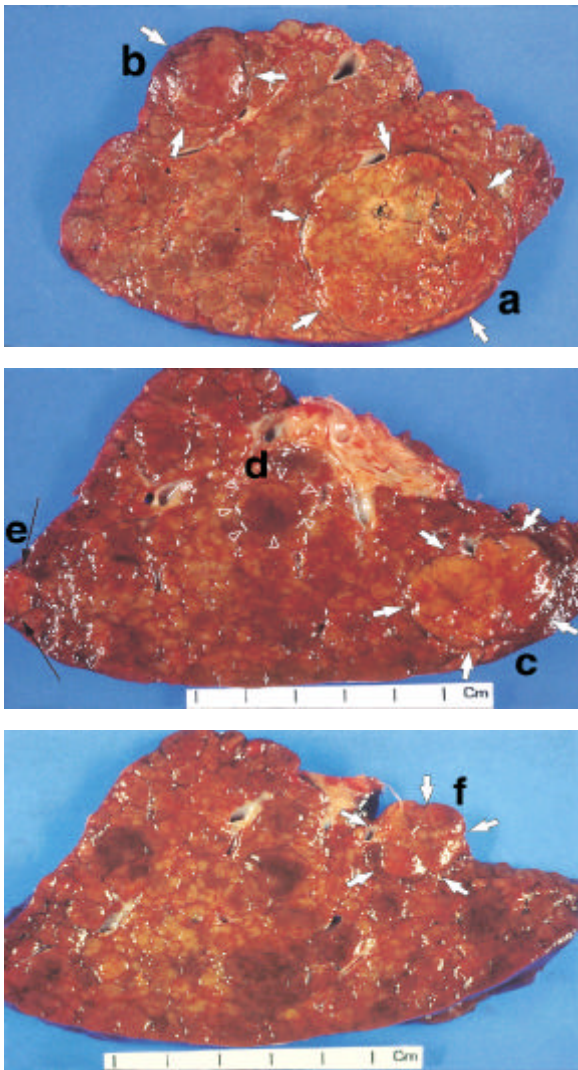


Figure 1. Gross finding of multicentric hepatocellular carcinoma. The cut sections show 4 well differentiated hepatocellular carcinomas (a, b, c, f) marked by small arrows. There are also a dysplastic nodule high grade (e, long arrows) and a dysplastic nodule, low grade (d, arrow heads). The background is macronodular cirrhosis with several large regenerative nodules.

- HCC, well differentiated
- Dysplastic nodule, high grade
- Dysplastic nodule, low grade
- Liver cirrhosis, B viral

COMMENT

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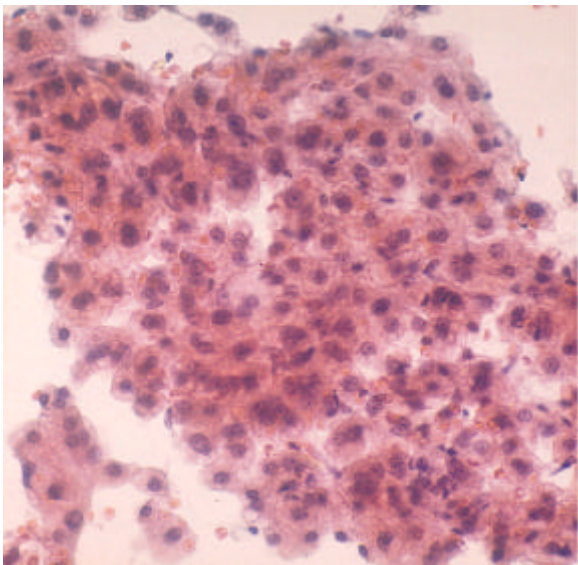
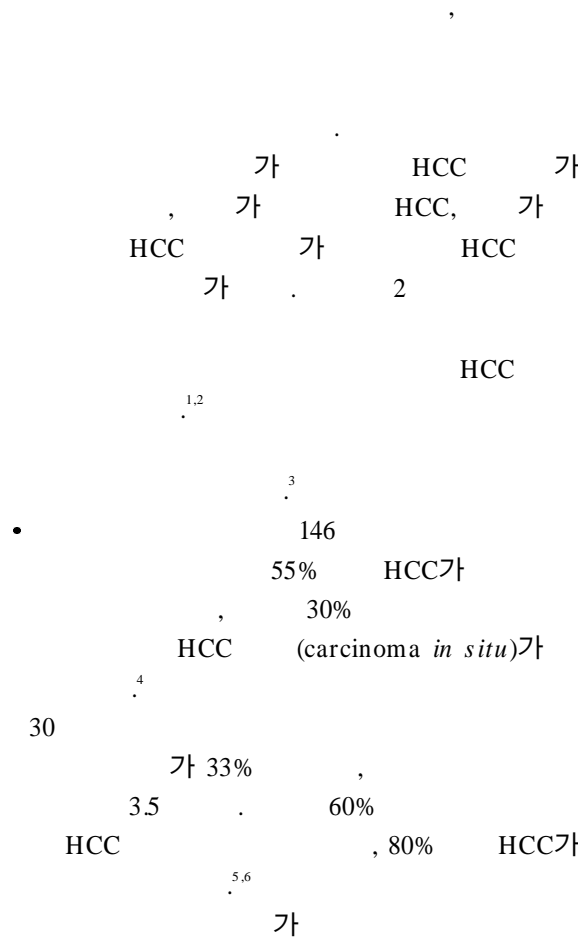


Figure 2. Cytologic feature of the previous lesion. Cellular smear showing thin trabecular pattern of hepatocyte like cells. The cell density is slightly increased (Papanicolaou).



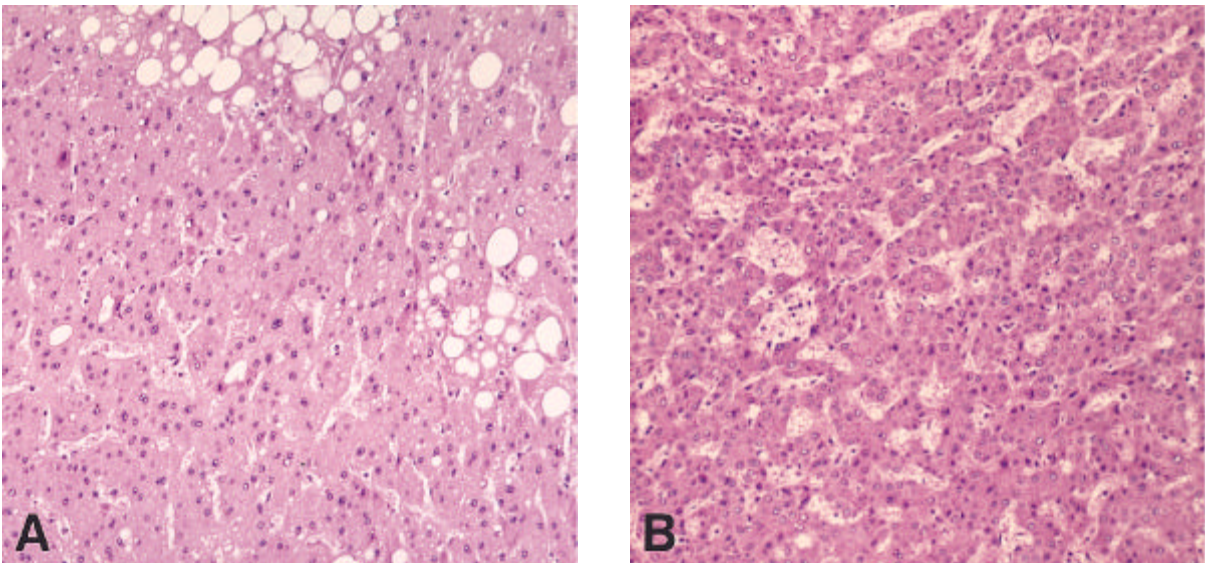


Figure 3. Microscopic feature of well differentiated hepatocellular carcinoma. A) Mass “a” showing focal pseudoglandular pattern and fatty change. B) Mass “b” showing thin trabecular pattern with increased cell density (H&E).

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